	Court of Washington					
For						
		No				
	Petitioner/Plaintiff, vs.	Motion and Declaration For Waiver of Civil Filing Fees and Surcharges				
	Respondent/Defendant.	(MTAF)				
	I. Mot	tion				
1.1	I am the [ ] petitioner/plaintiff [ ] respondent/defendant in this action.					
1.2	I am asking for a waiver of all filing fees and surcharges.					
	II. Basis for Motion					
2.1.	GR 34 allows the court to waive "filing fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is indigent. As outlined below, I am indigent.					
Dated	l:					
	Sig	nature of Requesting Party				
	Prii	nt or Type Name				
	III. Dec	laration				
I decla	are that,					
3.1		sehold living expenses and pay the filing fees ease see the attached Financial Statement,				

which I incorporate as part of this declaration.

3.2	In addition to the information in the financial statement I would like the court to consider the following:				
[]	(Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.				
	are under penalty of perjur and correct.	y under the laws of the sta	ate of Washington that	the foregoing is	
Signe	ed at (city)	, (state)	on (date)	·	
Signa	ature	Print o	or Type Name		

Case Name:	Case Number:

1. My name is: 2. [] I provide support to people who live with me: How many? Age(s): 3. My Monthly Income:  Employed [] Unemployed [] Rent/Mortgage: \$ Employed [] Unemployed [] Rent/Mortgage: \$ Employer's Name:  Gross pay per month (salary or hourly pay):  Take home pay per month: \$  4. Other Sources of Income Per Month in my Household:  Source: \$  Ordered Maintenance actually paid:  Source: \$  Ordered Child Support actually paid:  Clothing: \$  Source: \$  Child Care: \$  Source: \$  Source: \$  Education Expenses: \$  Insurance (car, health): \$  [] I receive food stamps.  Total Income, lines 3 (take home pay) and 4: \$  S. My Household Assets: 7. My Other Monthly Household Expenses:  Cash on hand: \$  Checking Account Balance: \$  Savings Account Balance: \$  Auto #1 (Value less loan): \$  Auto #2 (Value less mortgage): \$  Medical Expenses with Monthly Payments:  Other: \$  My Other Debts with Monthly Payments:  Other: \$  Total Household Assets: \$  Insurance (car, health): \$  Sub-Total: \$  Medical Expenses: \$  Insurance (car, health): \$  Sub-Total: \$  Medical Expenses: \$  Medical Expense	Financial Statement (Attachment)							
3. My Monthly Income:   6. My Monthly Household Expenses:								
Employed [ ] Unemployed [ ]         Rent/Mortgage:         \$           Employer's Name:         Food/Household Supplies:         \$           Gross pay per month (salary or hourly pay):         \$         Utilities:         \$           Take home pay per month:         \$         Transportation:         \$           4. Other Sources of Income Per Month in my Household:         Ordered Maintenance actually paid:         \$           Source:         \$         Ordered Child Support actually paid:         \$           Source:         \$         Clothing:         \$           Source:         \$         Child Care:         \$           Source:         \$         Education Expenses:         \$           Source:         \$         Insurance (car, health):         \$           []I receive food stamps.         Medical Expenses:         \$           Total Income, lines 3 (take home pay) and 4:         \$         Sub-Total:         \$           5. My Household Assets:         7. My Other Monthly Household Expenses:         \$           Cash on hand:         \$         \$         \$           Checking Account Balance:         \$         \$           Savings Account Balance:         \$         \$      Savings Account Balance:         \$         \$ <td colspan="8"></td>								
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Source:   Sour	4. Other Sources of Income Per Month in my			\$				
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